

PROJECT APPLICATION



City of Ankeny Stormwater Best Management Practices 2017/2018 Reimbursement Program

Applicant/Property Owner	Email Address	Phone Number

Address	City	State	Zip Code

Proposed Best Management Practice (BMP):

- | | |
|--|--|
| <input type="checkbox"/> Rain Garden/Bioretention Cell | <input type="checkbox"/> Rain Barrel (\$75 maximum, limit one per address) |
| <input type="checkbox"/> Pervious Pavement System | <input type="checkbox"/> Native Planting Garden/Buffer/Swale |
| <input type="checkbox"/> Soil Quality Restoration | <input type="checkbox"/> Other (describe) _____ |

Have you submitted an application previously? Y or N (circle one) For which practice? _____
Are you receiving funds from another agency? Y or N (circle one) Which agency? _____

Please attach the following:

- | | |
|--|--------------------------|
| 1. Maps and/or site plans showing the project location and area being treated with BMPs. | Enclosed? |
| 2. Summary or description of the project. | <input type="checkbox"/> |
| 3. Cost summary and/or contractor's estimate for the project. | <input type="checkbox"/> |
| 4. Anticipated project schedule and expected completion date. | <input type="checkbox"/> |

Estimated Cost of Project	Reimbursement amount requested (Up to 50% of total, max amount for all practices is \$1,800)

Rain barrel, 50% of cost, maximum \$75, limit one

The City will require access to your property for evaluation of this application and inspection of completed project.

- ☐ Yes, the city of Ankeny may have access to my property and photograph installed BMP.

By signing this application, the applicant agrees that all information provided in this application and the accompanying documents is accurate and agrees to the conditions of this program.

Applicant/Property Owner Signature	Date

City of Ankeny Approval	This section for City use only.	
All documents enclosed <input type="checkbox"/>	Amount Requested	
Public Works Staff BMP approval <input type="checkbox"/>	Amount Approved	
Additional documents needed		
Public Works Director Approval		
Signature	Date	